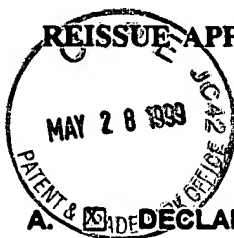


# REISSUE APPLICATION DECLARATION AND POWER OF ATTORNEY (BY INVENTOR(S) OR ASSIGNEE)



(complete A or B)

**A. ☒ REDECLARATION BY THE INVENTOR(S)**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is described and claimed in letters patent number 5,589,821, granted on Dec. 31, 1996, and for which invention I solicit a reissue patent on the invention entitled DISTANCE DETERMINATION AND ALARM SYSTEM

the specification of which

- ☐ is attached hereto. 09/224,231
- ☒ was filed on 12/30/98, as reissue application number 1 and was amended on \_\_\_\_\_ (*if applicable*).
- ☐ I hereby declare that there is no assignee for this application.

NOTE: "Where no assignee exists, applicant should affirmatively state that fact. If the file record is silent as to the existence of an assignee, it will be presumed that no assignee exists." M.P.E.P., 6th ed., rev. 1, § 1410.01.

**B. ☐ DECLARATION BY ASSIGNEE**

NOTE: The assignee of the entire interest may make the declaration, if the reissue application does not seek to enlarge the scope of the claims of the original patent. 37 C.F.R. § 1.172.

\_\_\_\_\_  
(type or print name of declarant) Title

of \_\_\_\_\_  
Name of company or legal entity on whose behalf declarant is authorized to sign

declare that I am a citizen of \_\_\_\_\_ and resident of \_\_\_\_\_,  
\_\_\_\_\_, that the entire title to letters patent number \_\_\_\_\_,  
for \_\_\_\_\_,  
granted on \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_  
Inventor(s)

is vested in \_\_\_\_\_  
Name of company or legal entity

that I believe said named inventor(s) to be an original, first and sole inventor (*if only one name is listed*) or an original, first and part inventor (*if plural names are listed*) of the subject matter that is described and claimed in the aforesaid letters patent and in the foregoing specification and for which invention I solicit a reissue patent.

**ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**  
(37 C.F.R. § 1.175)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information that is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

- ☐ In compliance with this duty, there is attached an information disclosure statement in accordance with 37 C.F.R. § 1.98.

**PRIORITY CLAIM**

*NOTE: A "claim" for the benefit of an earlier filing date in a foreign country under 35 U.S.C. 119(a)-(d) must be made in a reissue application even though such a claim was made in the application on which the original was granted. However, no additional certified copy of the foreign application is necessary. M.P.E.P., 6th ed., rev. 1, § 1417.*

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

*(complete C or D)*

- C. ☒ No such applications have been filed.  
D. ☐ Such applications have been filed as follows:

**EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION**

Country	Application No.	Date of filing (day, month, year)	Date of issue (day, month, year)	Priority Claimed
				<input type="checkbox"/> YES    NO <input type="checkbox"/>
				<input type="checkbox"/> YES    NO <input type="checkbox"/>
				<input type="checkbox"/> YES    NO <input type="checkbox"/>

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION**


**BENEFIT OF PROVISIONAL APPLICATION**


**STATEMENT OF INOPERATIVENESS  
OR INVALIDITY OF ORIGINAL PATENT**  
(37 C.F.R. § 1.175)

That I believe the original patent to be

- ☒ partly  
☐ wholly

inoperative or invalid by reason of (37 C.F.R. § 1.175(a)(1)):

*(check all items that may apply)*

- ☐ a defective specification  
☐ a defective drawing  
☒ the patentee claiming more or less than the patentee had a right to claim in the patent.

*NOTE: At least one error must be relied upon as the basis for the reissue. 37 C.F.R. § 1.175(a)(1).*

That the error listed above, which are being corrected, up to the time of the filing of this reissue declaration arose without any deceptive intention on the part of the applicant. (37 C.F.R. § 1.175(a)(2).

*NOTE: For any error corrected not covered by this declaration applicant must submit, before allowance, a supplemental declaration stating that every such error arose without any deceptive intention on the part of the applicant. 37 C.F.R. § 1.175(b)(1).*

- ☐ Corroborating affidavits or declarations of others accompany this declaration.

### POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

*(list name and registration number)*

Richard J. Birch, Reg. No. 20,895

*(check the following item, if applicable)*

- ☐ I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.
- ☐ Attached, as part of this declaration and power of attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

---

**SEND CORRESPONDENCE TO**

☒ Address 8 River Glen Road  
Wellesley, MA 02481

**DIRECT TELEPHONE CALLS TO:**  
*(Name and telephone number)*

Richard J. Birch  
781-237-1819

☐ Customer Number \_\_\_\_\_

## DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### Signature(s)

☒ **BY THE INVENTOR(S)**

Full name of sole or first inventor ROY SALLEN

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of second joint inventor, if any W. JAMES BUDZYNA

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

☐ **BY ASSIGNEE OR PERSON AUTHORIZED TO SIGN ON BEHALF OF ASSIGNEE**

*NOTE: Even though inventor(s) do not sign, complete above information for inventor(s).*

*(complete the following, if applicable)*

\_\_\_\_\_  
*(type name of assignee)*

\_\_\_\_\_  
Address of assignee

\_\_\_\_\_  
Title of person authorized to sign on behalf of assignee

☐ Assignment recorded in PTO on \_\_\_\_\_

Reel \_\_\_\_\_

Frame \_\_\_\_\_

☐ A separate ☐ "ASSIGNMENT (DOCUMENT) COVER SHEET"  
or ☐ FORM PTO 1595 is submitted herewith along with the assign-  
ment \_\_\_\_\_



09/224,231

Please type a plus sign (+) inside this box → ☐PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 2 of 2 09/224,231

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
CHARLES E.				SAWABINI			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Declaration — Additional Inventor(s) Supplemental Sheet (PTO/SB/02A)[1-1.2A]



**REISSUE APPLICATION DECLARATION AND POWER OF ATTORNEY  
(BY INVENTOR(S) OR ASSIGNEE)**

(complete A or B)

**A. ☒ DECLARATION BY THE INVENTOR(S)**

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the specification of which

☐ is attached hereto.

09/224,231

☒ was filed on 12/30/98, as reissue application number 7 and was amended on \_\_\_\_\_ (*if applicable*).

☐ I hereby declare that there is no assignee for this application.

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**B. ☐ DECLARATION BY ASSIGNEE**

NOTE: The assignee of the entire interest may make the declaration, if the reissue application does not seek to enlarge the scope of the claims of the original patent. 37 C.F.R. § 1.172.

\_\_\_\_\_  
(type or print name of declarant)

\_\_\_\_\_  
Title

of \_\_\_\_\_,

Name of company or legal entity on whose behalf declarant is authorized to sign

declare that I am a citizen of \_\_\_\_\_ and resident of \_\_\_\_\_,

\_\_\_\_\_, that the entire title to letters patent number \_\_\_\_\_,

for \_\_\_\_\_,

granted on \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_

Inventor(s)

is vested in \_\_\_\_\_

Name of company or legal entity

that I believe said named inventor(s) to be an original, first and sole inventor (*if only one name is listed*) or an original, first and part inventor (*if plural names are listed*) of the subject matter that is described and claimed in the aforesaid letters patent and in the foregoing specification and for which invention I solicit a reissue patent.

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(37 C.F.R. § 1.175)

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I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

*(complete C or D)*

- C. ☒ No such applications have been filed.  
D. ☐ Such applications have been filed as follows:

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Country	Application No.	Date of filing (day, month, year)	Date of issue (day, month, year)	Priority Claimed
				<input type="checkbox"/> YES   NO <input type="checkbox"/>
				<input type="checkbox"/> YES   NO <input type="checkbox"/>
				<input type="checkbox"/> YES   NO <input type="checkbox"/>

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(6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION**

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**BENEFIT OF PROVISIONAL APPLICATION**

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**STATEMENT OF INOPERATIVENESS  
OR INVALIDITY OF ORIGINAL PATENT**  
(37 C.F.R. § 1.175)

That I believe the original patent to be

- ☒ partly
- ☐ wholly

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- ☐ a defective drawing
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- ☐ Corroborating affidavits or declarations of others accompany this declaration.

### POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

*(list name and registration number)*

Richard J. Birch, Reg. No. 20,895

*(check the following item, if applicable)*

- ☐ I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.
- ☐ Attached, as part of this declaration and power of attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

---

**SEND CORRESPONDENCE TO**

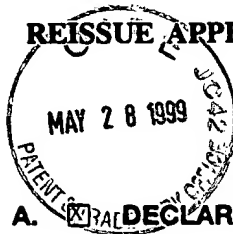
☒ Address 8 River Glen Road  
Wellesley, MA 02481

**DIRECT TELEPHONE CALLS TO:**  
*(Name and telephone number)*

Richard J. Birch  
781-237-1819

☐ Customer Number \_\_\_\_\_

# REISSUE APPLICATION DECLARATION AND POWER OF ATTORNEY (BY INVENTOR(S) OR ASSIGNEE)



(complete A or B)

**A. ☒ REISSUE APPLICATION DECLARATION BY THE INVENTOR(S)**

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the specification of which

- ☐ is attached hereto. 09/224,231
- ☒ was filed on 12/30/98, as reissue application number 1 and was amended on \_\_\_\_\_ (*if applicable*).
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\_\_\_\_\_  
(type or print name of declarant) Title

of \_\_\_\_\_  
Name of company or legal entity on whose behalf declarant is authorized to sign

declare that I am a citizen of \_\_\_\_\_ and resident of \_\_\_\_\_,  
\_\_\_\_\_, that the entire title to letters patent number \_\_\_\_\_,  
for \_\_\_\_\_,  
granted on \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_  
Inventor(s)

is vested in \_\_\_\_\_  
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**PRIORITY CLAIM**

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(6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION**

Country	Application No.	Date of filing (day, month, year)	Date of issue (day, month, year)	Priority Claimed
				<input type="checkbox"/> YES    NO <input type="checkbox"/>
				<input type="checkbox"/> YES    NO <input type="checkbox"/>
				<input type="checkbox"/> YES    NO <input type="checkbox"/>

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---

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---

**BENEFIT OF PROVISIONAL APPLICATION**

---

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---

**STATEMENT OF INOPERATIVENESS  
OR INVALIDITY OF ORIGINAL PATENT**  
(37 C.F.R. § 1.175)

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- ☒ partly  
☐ wholly

inoperative or invalid by reason of (37 C.F.R. § 1.175(a)(1)):

*(check all items that may apply)*

- ☐ a defective specification  
☐ a defective drawing  
☒ the patentee claiming more or less than the patentee had a right to claim in the patent.

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- ☐ Corroborating affidavits or declarations of others accompany this declaration.

### POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

*(list name and registration number)*

Richard J. Birch, Reg. No. 20,895

*(check the following item, if applicable)*

- ☐ I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.
- ☐ Attached, as part of this declaration and power of attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).

---

**SEND CORRESPONDENCE TO**

☒ Address 8 River Glen Road  
Wellesley, MA 02481

**DIRECT TELEPHONE CALLS TO:**  
*(Name and telephone number)*

Richard J. Birch  
781-237-1819

☐ Customer Number \_\_\_\_\_



# DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## Signature(s)

☒ **BY THE INVENTOR(S)** P.

Full name of sole or first inventor ROY SALIEN

✓ Inventor's signature Roy P. Salien

✓ Date April 16, 1999 Country of Citizenship USA

✓ Residence 43 Barney Hill Rd Wayland, MA 01778

✓ Post Office Address same

Full name of second joint inventor, if any W. JAMES BUDZYNA

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

☐ **BY ASSIGNEE OR PERSON AUTHORIZED TO SIGN ON BEHALF OF ASSIGNEE**

NOTE: Even though inventor(s) do not sign, complete above information for inventor(s).

(complete the following, if applicable)

\_\_\_\_\_  
(type name of assignee)

\_\_\_\_\_  
Address of assignee

\_\_\_\_\_  
Title of person authorized to sign on behalf of assignee

☐ Assignment recorded in PTO on \_\_\_\_\_

Reel \_\_\_\_\_

Frame \_\_\_\_\_

☐ A separate ☐ "ASSIGNMENT (DOCUMENT) COVER SHEET"

or ☐ FORM PTO 1595 is submitted herewith along with the assignment \_\_\_\_\_

## DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### Signature(s)

☒ **BY THE INVENTOR(S)**

Full name of sole or first inventor ROY SALLEN

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of second joint inventor, if any W. JAMES BUDZYNA

Inventor's signature [Signature]

Date April 20, 1999 Country of Citizenship USA

Residence 49 GILL COURT

Post Office Address WINTERSVILLE, MA 01588

☐ **BY ASSIGNEE OR PERSON AUTHORIZED TO SIGN ON BEHALF OF ASSIGNEE**

NOTE: Even though inventor(s) do not sign, complete above information for inventor(s).

(complete the following, if applicable)

\_\_\_\_\_  
(type name of assignee)

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Address of assignee

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or ☐ FORM PTO 1595 is submitted herewith along with the assign-  
ment \_\_\_\_\_





09/224,231

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 2 of 2 09/224,231

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
CHARLES E.		SAWABINI			
Inventor's Signature	<i>Charles E. Sawabini</i>			Date	14 May 99
Residence: City	CARLISLE	State	MA	Country	USA
Post Office Address	P O BOX 695				
Post Office Address					
City	CARLISLE	State	MA	ZIP	01741
				Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Inventor's Signature				Date	
Residence: City		State		Country	
Post Office Address					
Post Office Address					
City		State		ZIP	
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Declaration — Additional Inventor(s) Supplemental Sheet (PTO/SB/02A)[1-1.2A]

#3  
Practitioner's Docket No. \_\_\_\_\_

PATENT

☒ Applicant Roy Sallen, et al ☐ Patentee \_\_\_\_\_  
☒ Application No. 09/224,231 ☒ Patent No. 5,589,821  
☒ Filed on 12/30/98 ☒ Issued on 12/31/96  
Title: DISTANCE DETERMINATION AND ALARM SYSTEM

**STATEMENT CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) and 1.27(c))—SMALL BUSINESS CONCERN**

I hereby state that I am

- ☐ the owner of the small business concern identified below:  
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

Name of Small Business Concern Secure Technologies, Inc.  
Address of Small Business Concern 483 Beacon Street, Unit 51  
Boston, MA 02115

I hereby state that the above identified small business concern qualifies as a small business concern, as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office under Sections 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third-party or parties controls or has the power to control both.

I hereby state that rights under contract or law have been conveyed to, and remain with, the small business concern identified above, with regard to the invention described in

- ☐ the specification filed herewith, with title as listed above.  
☒ the application identified above.  
☒ the patent identified above.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights in the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c), if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

\*NOTE: Separate statements are required from each named person, concern or organization having rights to the invention as to their status as small entities. (37 CFR 1.27)

Each such person, concern or organization having any rights in the invention is listed below:

- ☒ No such person, concern, or organization exists.  
☐ Each such person, concern or organization is listed below.

Name \_\_\_\_\_

Address \_\_\_\_\_

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

Name \_\_\_\_\_

Address \_\_\_\_\_

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small business entity is no longer appropriate. (37 CFR 1.28(b))

(check the following item, if desired)

NOTE: The following verification statement need not be made in accordance with the rules published on Oct. 10, 1997, 62 Fed. Reg. 52,131, effective Dec. 1, 1997.

NOTE: "The presentation to the Office (whether by signing, filing, submitting, or later advocating) of any paper by a party, whether a practitioner or non-practitioner, constitutes a certification under § 10.18(b) of this chapter. Violations of § 10.18(b)(2) of this chapter by a party, whether a practitioner or non-practitioner, may result in the imposition of sanctions under § 10.18(c) of this chapter. Any practitioner violating § 10.18(b) may also be subject to disciplinary action. See §§ 10.18(d) and 10.23(c)(15)." 37 C.F.R. § 1.4(d)(2).

☐ I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of Person Signing Richard T. Stewart

Title of Person if Other Than Owner Treasurer

Address of Person Signing Secure Technologies, Inc

147 Oak Street  
Westwood, MA 02090

SIGNATURE Richard T. Stewart

Date 4/16/94

#3



### STATEMENT BY ASSIGNEE

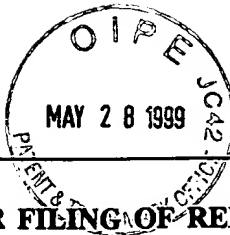
- ☐ Attached is a "STATEMENT UNDER 37 C.F.R. 3.73(b)," establishing the right of the assignee to take action in this reissue.

\_\_\_\_\_  
Signature of assignee or person authorized to  
sign on behalf of assignee

*(check proper box(es) for any added page(s) forming a part of this declaration)*

- ☒ Signature for third and subsequent joint inventors. Number of pages added. 1
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added. \_\_\_\_\_
- ☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 C.F.R. § 1.47. Number of pages added. \_\_\_\_\_
- ☒ Statement of inoperativeness or invalidity of original patent. 37 C.F.R. § 1.175. Number of pages added \_\_\_\_\_
- ☐ Authorization of attorney(s) to accept and follow instructions from representative.
- ☐ Corroborating statements of others.

#3



Practitioner's Docket No. \_\_\_\_\_

**PATENT**

**ASSENT BY ASSIGNEE FOR FILING OF REISSUE APPLICATION**

*NOTE: The written assent of all assignees, if any, owning an undivided interest in the original patent must be included in the application for reissue. 37 C.F.R. 1.172(a).*

This is part of the application for a reissue patent filed herewith based on the original patent identified as follows:

ROY SALLEN, W. JAMES BUDZYNA and CHARLES E. SAWABINI

Name of Patentee

5,589,821

Patent Number

December 31, 1996

Date Patent Issued

DISTANCE DETERMINATION AND ALARM SYSTEM

Title of Invention

I am an assignee owning

☒ an undivided interest to the above original patent.

☐ a \_\_\_\_\_% (per cent) interest in the above original patent.

I assent to the accompanying application for reissue.

Attached is a "Statement under 37 C.F.R. § 3.73(b) — Establishing Right of Assignee to Take Action."

SECURE TECHNOLOGIES, INC.

Name of assignee

Richard T. Stewart  
Signature of person signing for assignee

Date: 4/16/99

Richard T. Stewart, Treasurer, Secure Technologies, Inc  
(type or print name and title of person signing for assignee)

Practitioner's Docket No. \_\_\_\_\_

**PATENT**

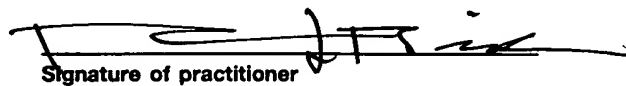
**REQUEST FOR TRANSFER OF DRAWINGS FROM ORIGINAL PATENT  
TO REISSUE APPLICATION**

Please transfer the drawings from original patent, 5,589,821, filed on  
Dec 13, 1994, for the invention entitled DISTANCE DETERMINATION  
AND ALARM SYSTEM

to the reissue application, the specification of which:

☒ is attached hereto.

☐ was filed on \_\_\_\_\_, as reissue application num-  
ber /

  
Signature of practitioner

Date: 12-29-98

Richard J. Birch

(type or print name of practitioner)

Reg. No.: 20,895

8 River Glen Road

P.O. Address

Wellesley, MA 02481

Tel. No. 781-237-1819

Customer No.: \_\_\_\_\_